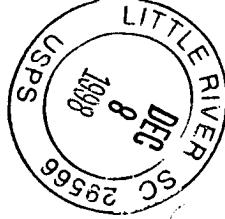


## In the United States Patent and Trademark Office



Mailed 1998

Commissioner of Patents and Trademarks  
Washington, District of Columbia 20231



Sir:

Please file the following enclosed patent application papers:

Applicant #1, Name: ALLEN W.L. TOPPINGApplicant #2, Name: VLADIMIR KUPERSHMIDTApplicant #3, Name: AUSTIN GORMLEY

Title: "AUTOMATED IDENTIFICATION THROUGH ANALYSIS of OPTICAL BIREFRINGENCE WITHIN NAIL BEDS"

- Specification, Claims, and Abstract: Nr. Of Sheets 24
- Declaration: Date Signed: 2 DEC 1998
- Drawings(s): Nr. Of Sheets Enc.: (In Triplicate): Formal: ✓ Informal: \_\_\_\_\_
- Small Entity Declaration Of Inventor(s)  SED of Non-Inventor/Assignment/Licensee
- Assignment; Please record and return; recordial fee enclosed.
- Check for \$ 380.00 for:
- \$ 380.00 for filing fee (not more than three independent claims and twenty total claims are presented).
- \$ \_\_\_\_\_ Additional if Assignment is enclosed for recordial.
- Return Receipt Postcard Addressed to Applicant #1.
- Request Under MPEP § 707.07(j): The undersigned, a pro-se applicant, respectfully request that the Examiner finds patentable subject matter disclosed in this application, but feels that Applicant's present claims are not entirely suitable, The Examiner draft one or more allowable claims for applicant.

Very Respectfully;

Allen W. Topping

Applicant #1 Signature

44 DELMAR STREET

Address (Send Correspondence Here)

SAN FRANCISCO, CA 94117Vladimir Kupershmidt

Applicant #2 Signature

3124 Weymouth Ct

Address

Pleasanton, CA 94568Austin Gormley

Applicant #3 Signature

906 20th Ave NW

Address

N Myrtle BeachS.C. 29582Express Mail Label # EE454022610USDate of Deposit 1998 DEC 8

I hereby certify that this paper or fee is being deposited with the United States Postal Service using "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to "Commissioner of Patents and Trademarks, Washington, DC 20231."

Signed: Allen W. Topping

Inventor

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.

These are the fees effective October 1, 1997.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.TOTAL AMOUNT OF PAYMENT (\$)380<sup>00</sup>**Complete if Known**

Application Number	
Filing Date	
First Named Inventor	<u>ALLEN W.L. TOPPING</u>
Examiner Name	
Group / Art Unit	
Attorney Docket No.	

**METHOD OF PAYMENT** (check one)

1.  The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number	
Deposit Account Name	

Charge Any Additional Fee Required Under 37 C.F.R. §§ 1.16 and 1.17       Charge the Issue Fee Set in 37 C.F.R. § 1.18 at the Mailing of the Notice of Allowance

2.  Payment Enclosed:

Check     Money Order     Other

**FEE CALCULATION****1. BASIC FILING FEE**

## Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101 790	201 395	Utility filing fee	<b>380<sup>00</sup></b>
106 330	206 165	Design filing fee	
107 540	207 270	Plant filing fee	
108 790	208 395	Reissue filing fee	
114 150	214 75	Provisional filing fee	
<b>SUBTOTAL (1) (\$)</b>			<b>380<sup>00</sup></b>

**2. EXTRA CLAIM FEES**

	Extra Claims	Fee from below	Fee Paid
Total Claims	<b>20</b>	-20** = <input type="text"/> X <input type="text"/> = <input checked="" type="checkbox"/>	
Independent Claims	<b>3</b>	-3** = <input type="text"/> X <input type="text"/> = <input type="checkbox"/>	
Multiple Dependent			= <input type="checkbox"/>

\*\*or number previously paid, if greater; For Reissues, see below

## Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
103 22	203 11	Claims in excess of 20
102 82	202 41	Independent claims in excess of 3
104 270	204 135	Multiple dependent claim, if not paid
109 82	209 41	** Reissue independent claims over original patent
110 22	210 11	** Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2) (\$)</b>		

**3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 400	216 200	Extension for reply within second month	
117 950	217 475	Extension for reply within third month	
118 1,510	218 755	Extension for reply within fourth month	
128 2,060	228 1,030	Extension for reply within fifth month	
119 310	219 155	Notice of Appeal	
120 310	220 155	Filing a brief in support of an appeal	
121 270	221 135	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,320	241 660	Petition to revive - unintentional	
142 1,320	242 660	Utility issue fee (or reissue)	
143 450	243 225	Design issue fee	
144 670	244 335	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Petitions related to provisional applications	
126 240	126 240	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	
146 790	246 395	Filing a submission after final rejection (37 CFR 1.129(a))	
149 790	249 395	For each additional invention to be examined (37 CFR 1.129(b))	
Other fee (specify) _____			
Other fee (specify) _____			
<b>SUBTOTAL (3) (\$)</b>			<b>380<sup>00</sup></b>

\* Reduced by Basic Filing Fee Paid

**SUBMITTED BY**

Typed or Printed Name	<u>Austin GORMLEY</u>	Complete (if applicable)
Signature	<u>Austin Gormley</u>	Reg. Number
Date	<u>DEC 7 1998</u>	Deposit Account User ID

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.